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<b>Application Number</b>	10/771,551
<b>Filing Date</b>	February 5, 2004
<b>First Named Inventor</b>	David Edwards
<b>Title</b>	Inhalation Device and Method
<b>Art Unit</b>	3771
<b>Examiner Name</b>	Matter, K.C.
<b>Attorney Docket Number</b>	2685.2200 US3

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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☐ Applicant/Inventor.**OR**☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_.

**SIGNATURE of Applicant or Assignee of Record**

<b>Signature</b>	<b>Date</b>
<b>Name</b>	<b>Telephone</b>
<b>Title and Company</b>	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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